

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7316

BIRTH NO. _____		REG. DIST. NO. 13		PRIMARY REG. DIST. NO. 3003		Registrar's No. 16	
1. PLACE OF DEATH <b>At Home</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Barry</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Monett</b>		c. STATE <b>Missouri</b>		d. COUNTY <b>Barry</b>	
c. LENGTH OF STAY (In this place) _____		d. CITY (If outside corporate limits, write RURAL and give township) <b>Monett</b>		e. STREET ADDRESS <b>302-6th St.</b>		f. (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print) <b>Floyd W. Lawson</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 4 - 1949</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan-8-1901</b>	
9. AGE (In years last birthday) <b>48</b>		10. IF UNDER 1 YEAR Months <b>1</b> Days <b>23</b>		11. IF UNDER 1 HRS. Hours <b>0</b> Min. <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Public Accountant</b>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>John Lawson</b>				13b. MOTHER'S MAIDEN NAME <b>Louise Burg</b>		14. NAME OF HUSBAND OR WIFE <b>Hazel Lawson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>World War II</b>				16. SOCIAL SECURITY NO. <b>486-24-4189</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hazel Lawson</b> ADDRESS <b>Monett, Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 mo.</b>			
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>				DUE TO (b) <b>Paracardiacal infarct 4 years</b>			
DUE TO (c) <b>Had pneumonia after Mar 1947</b>				II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <b>No operation</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>Feb 10 - 1949</b> to <b>Mar 4 - 1949</b> , that I last saw the deceased alive on <b>Mar 3 - 1949</b> , and that death occurred at <b>2:30 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>L. E. Suppiger, M.D.</b>				23b. ADDRESS <b>Monett, Mo.</b>		23c. DATE SIGNED <b>3-4-1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 6-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield Mo</b>	
DATE REC'D BY LOCAL REG. <b>3-4-49</b>		REGISTRAR'S SIGNATURE <b>W. M. West</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Bennett - Warrington</b> ADDRESS <b>Monett, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 449-37

Date Filed 4-6-49

APR 14 1949

APR 12 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

*W. Gordon Bennett*

Licensed Embalmer No. 4813

P. O. Address Monett, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.